



PORTER
MEMORIAL BAPTIST CHURCH



Mother's Day Out

4300 Nicholasville Road Lexington, KY 40515 (859) 272-3441
www.portermemorialpreschool.com

PERSONAL INFORMATION

The information that you give on this questionnaire will increase the teacher's understanding of your child. It will enable the teacher to determine your child's needs and interests much more quickly.

Day Preference: () TUESDAY () THURSDAY () BOTH

Child's Full Name _____ **Gender** _____

What name do you want used for your child in the classroom? _____

Address: _____ **Home Phone:** _____

City _____ **State** _____ **Zip** _____

Age _____ **Birthdate: Month** _____ **Day** _____ **Year** _____

Father's Name _____ **Birthdate:** _____

Father's Address: _____

Father's E-mail Address: _____ **Father's Cell Phone** _____

Father's Occupation: _____

Employer's Name _____ **Business Phone** _____

Christian? _____ **Church Member?** _____ **Where?** _____

Church activities _____

Mother's Name _____ **Birthdate** _____

Mother's Address: _____

Mother's E-mail Address _____ **Mother's Cell Phone:** _____

Mother's Occupation _____

Employer's Name _____ **Business Phone** _____

Christian? _____ **Church member?** _____ **Where?** _____

Church Activities _____

Name and ages of brothers and sisters _____

Are other relatives living in your household? _____

Is the child adopted? _____ **If so, at what age?** _____

Name of other child care programs attended _____

Church organizations which child attends: _____

What fears does he/she have, if any _____

State his/her reactions _____

Explain any nervous habits such as thumb sucking, nail biting, etc.? _____

Explain any special problems involving social relationships, diet, etc.? _____

Explain the usual type of discipline or guidance practiced in the home _____

Has he/she had any serious illnesses, operations or accidents? _____ If so, describe and give age of child at the time _____

Reasons for selecting this MDO _____

Allergies/Special Needs _____

Is your child under a doctor's care for this? Yes _____ NO _____

I have attached a current immunization certificate which is required upon enrollment? Yes _____ No _____

In case of sickness or in the event my child is injured while attending Mother's Day Out at Porter Memorial Baptist Church, my permission is granted for any staff member in charge to administer treatment or obtain necessary medical attention to stabilize my child. I also agree to use my family health insurance as the primary coverage.

Parents Signature _____ Date _____

PERMISSION TO PHOTO, VIDEO, AND /OR RECORD

I, _____ Parent/legal guardian of _____, hereby grant permission to the Porter Memorial Weekday Education Program to use my child's photograph, and /or voice in any way that would reasonably portray programs of the Porter Memorial Weekday Program. This includes pictures taken in the classroom, or at school programs. This also includes pictures (with no names) that we may post on **facebook** as well as our **web-site**. (www.portermemorialpreschool.com) I further release the staff from any damages in using my child's photograph, and/or voice.

Parents Signature _____ Date _____

Fees: A \$100 deposit per child is required with your application which includes a **\$50 non-refundable** annual registration fee and \$50 of prepaid tuition. Tuition is \$27 per day for the first child and \$24 per day for each additional child. A two-week paid notice is required when withdrawing from the program. **Tuition must be paid even though a child may be absent from class.** Payment is always due the first of each month. I understand that if payment is not received by the tenth of each month, a **\$10** late fee will be assessed.

Parents Signature _____ Date: _____